



For Ecology Use  
(Date Stamp)



**Water Resources Program**  
**Request for Determination of Water Budget Neutrality**

☐ SURFACE WATER ☒ GROUND WATER

**Section 1. APPLICANT**

|  |                           |                           |
|--|---------------------------|---------------------------|
| Applicant/Business Name:<br>Kalum and Sarah Berg | Phone No:<br>425-765-1137 | Other No:<br>509-674-3836 |
| Address:<br>1142 Rose Place                      |                           |                           |
| City:<br>Buckley                                 | State: WA                 | Zip:<br>98321 - 9378      |
| Email Address (optional):<br>skberg@comcast.net  |                           |                           |

|   |                             |                             |
|---|-----------------------------|-----------------------------|
| Contact Name (if different from above):<br>Traci Shallbetter                            | Phone No:<br>(509) 260-0037 | Other No:<br>(509) 674-3836 |
| Relationship to Applicant:<br>Attorney for Trust Water Right Holder/Agent for Applicant |                             |                             |
| Address:<br>3201 Airport Road   |                             |                             |
| City:<br>Cle Elum   | State: WA                   | Zip:<br>98922               |
| Email Address (optional):<br>traci@shallbetterlaw.com                                   |                             |                             |

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project:  
The applicant proposes to construct a single family residence on the subject property and seeks to obtain a determination of water budget neutrality to enable use of 350 gpd, plus seasonal irrigation, from an existing well.

Anticipated length of time to complete your project: 15+ years

|                 |   |                                     |              |
|-----------------|---|-------------------------------------|--------------|
| For Ecology Use | APPLICATION NO: 64-35635  | SEPA: Exempt/Not Exempt             |              |
|                 | Fee Paid: <input checked="" type="checkbox"/> Check No: <input checked="" type="checkbox"/> | ECY Coding: 001-001-WR1-0285-000011 |              |
| Date Returned   | By  | Priority Date 07-16-2013 By         | WRIA: 39 Kim |



**Water Use:** List all proposed uses and the quantity required for each.

Single-family residential use (350 gpd)  
with 500 square feet of irrigation

| Purpose(s) of Use  | Rate (check one box only)   | Acre-Feet per Year (AF/YR) (If known) | Period of Use (Continuously or Seasonal) |
|--------------------|---|---------------------------------------|--|
|                    | <input type="checkbox"/> Cubic Feet per Second (CFS)<br><input type="checkbox"/> Gallons per Minute (GPM) |                                       |  |
| Indoor residential |   | 0.392                                 | continuous                               |
| Outdoor irrigation |   | 0.022                                 | seasonal                                 |
|                    |   |                                       |  |
|                    |   |                                       |  |
| <b>TOTAL:</b>      |   | 0.414                                 |  |

### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

#### A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☐ Lake  
☐ Other: \_\_\_\_\_  
Source Name: \_\_\_\_\_  
Tributary to: \_\_\_\_\_  
Number of proposed diversion points: \_\_\_\_\_  
Do you have an existing diversion? ☐ YES ☐ NO

#### B.) If Ground Water Source

Do you have an existing well? ☒ YES ☐ NO

☒ Well(s) ☐ Other: \_\_\_\_\_

Existing well diameter & depth: 6", 304ft.

If available, attach Water Well Report and pump test.

Well Tag ID No. APG 200

Number of proposed points of withdrawal: 1

#### C.) Point of Diversion/Withdrawal - Legal Description

| Parcel No. | 1/4      | 1/4 | Section     | Township | Range | County   |
|------------|----------|-----|-------------|----------|-------|----------|
| 21159      |          |     | 26          | 20N      | 16E   | Kittitas |
| Lot(s)     | Block(s) |     | Subdivision |          |       |          |
| 4B         |          |     |             |          |       |          |

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_\_) corner of Section \_\_\_\_\_.

*NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper.*



Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

#### Section 4. WATER SYSTEM INFORMATION

Complete A or B, C, D, E and F below

##### A.) Domestic Water Systems only

Projected number of connections to be served:

1

Type of connections: Single family residence  
(e.g., home, recreational cabin)

##### B.) Municipal Water Systems only

(defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:  
(20 year projection)

##### C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☒ NO

If yes, date plan was approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Water System Number: \_\_\_\_\_

Name of water system: \_\_\_\_\_

Are you within the service area of an existing water system? ☐ YES ☒ NO

If yes, explain why you are unable to connect to the system: \_\_\_\_\_

##### D.) On-Site Septic

Will there be an on-site septic system? ☒ YES ☐ NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field. Included.

##### E.) Sanitary Sewer System

Will domestic wastewater be discharged to a sanitary sewer system? ☐ YES ☒ NO

If yes, please provide a copy of the sewer utility agreement that serves the proposed project.

##### F.) Irrigation

Total number of acres requested to be irrigated under this application = 500 sf Acres

NOTE: Outline the area to be irrigated on your attached map.



## Section 5. MITIGATION

To receive a new water right under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

### A) Existing Trust Water Right

Please identify existing trust water right(s) for use as mitigation.

| Water Right No.            | Rate (check one box only)  | Acre-Feet per<br>Year (AF/YR) (If<br>known) | Priority Date |
|----------------------------|--|---|---------------|
|                            | <input checked="" type="checkbox"/> Cubic Feet per Second (CFS)<br><input type="checkbox"/> Gallons per Minute (GPM) |   |               |
| CS4-YRB03CC2255 (A) CTCL@2 | 0.286 cfs  | 24.20                                       | June 30, 1890 |
| CS4-YRB03CC2255 (B) CTCL@2 | 0.067 cfs  | 3.38  | June 30, 1890 |
| CS4-YRB03CC2255 (C) CTCL@2 | 0.056 cfs  | 2.84  | June 30, 1890 |
| TOTAL:                     |  | 30.42 AF/yr                                 |               |

### B) Proposed Trust Water Right Application

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

| Water Right No. | Rate (check one box only)   | Acre-Feet per<br>Year (AF/YR) (If<br>known) | Priority Date |
|-----------------|---|---|---------------|
|                 | <input type="checkbox"/> Cubic Feet per Second (CFS)<br><input type="checkbox"/> Gallons per Minute (GPM) |   |               |
|                 |   |   |               |
|                 |   |   |               |
| TOTAL:          |   |   |               |

## Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

|     |     |         |      |       |          |            |
|-----|-----|---------|------|-------|----------|------------|
|     |     |         |      |       |          |            |
|     |     |         |      |       |          |            |
|     |     |         |      |       |          |            |
|     |     |         |      |       |          |            |
| 1/4 | 1/4 | Section | Twp. | Range | County   | Parcel No. |
|     |     | 26      | 20N  | 13E   | Kittitas | 21159      |



## Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

TRACI SHALLBETTER, Esq.

Print Name  
(Applicant or authorized representative)

  
Signature

7/8/13  
Date

KALUM AND SARAH BERG

Print Name  
(Land Owner, if seeking to use the ground water exemption)

  
Signature

June 7, 2013  
Date

Submit this form to:

DEPARTMENT OF ECOLOGY  
WATER RESOURCES PROGRAM  
CENTRAL REGIONAL OFFICE  
15 W. YAKIMA AVE, SUITE 200  
YAKIMA, WA 98902-3452

★ Attachments:

Parcel Info  
Vicinity Map  
Well Log  
Restrictive Covenant  
Mitigation Contract with Swift Water Ranch